

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
Device and method for the optical excitation of laseractive crystals with
polarisation-dependent absorption
the specification of which

- (check one) ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).
☒ was filed as PCT International Application No. PCT/EP02/14504 and was
amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign/PCT Application(s)			Priority Claimed	
<u>102 01 383.7</u>	<u>Germany</u>	<u>16 January 2002</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Application No.)	(Country/PCT)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Application No.)	(Country/PCT)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Prior U.S./PCT Applications:

(U.S. Application Serial No.) (U.S. Filing Date) (Status-patented/pending/abandoned)

(U.S. Application Serial No.) (U.S. Filing Date) (Status-patented/pending/abandoned)

(PCT Application No.) (U.S. Filing Date) (U.S. Serial No. Assigned, if any) (Status-patented/pending/abandoned)

(PCT Application No.) (U.S. Filing Date) (U.S. Serial No. Assigned, if any) (Status-patented/pending/abandoned)

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Straub & Pokotylo

Full name of sole or first inventor:

100 Ralf KNAPPE

Inventor's Signature:

Ralf Knappe

Date

March 26th 2004

Residence

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Post Office Address

same as residence

200
Full name of second joint inventor, if any:

Achim NEBEL

Inventor's Signature:

Achim Nebel

Date

March 26, 2004

Residence

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DER

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same as residence

Full name of third joint inventor, if any:

Inventor's Signature:

Date

Residence

Country of Citizenship

Post Office Address

Full name of fourth joint inventor, if any:

Inventor's Signature:

Date

Residence

Country of Citizenship

Post Office Address